



Southwind

Illinois Medicaid Health Systems Transformation & Implementation Consulting Services

Prepared for:

Roma Barksdale Larson

Deputy General Counsel/Agency Procurement Officer

Governor's Office of Management and Budget

Room 603 Stratton Building

401 South Spring Street

Springfield, Illinois 62706

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Submitted by:

The Advisory Board Company

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Cover Letter

Roma Barksdale Larson
Deputy General Counsel/Agency Procurement Officer
Governor's Office of Management and Budget
Room 603 Stratton Building
401 South Spring Street
Springfield, Illinois 62706

Dear Ms. Larson,

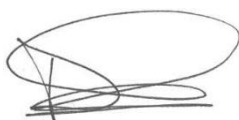
The Advisory Board Company is pleased to respond to your Request for Information ("RFI") and provide our qualifications to assist the State of Illinois in exploring options for the implementation of a modernization plan for the state's Medicaid Health Systems. Our firm is qualified, prepared and eager to serve as your partner to provide strategic planning, project management, stakeholder support and engagement, research and analysis, as well as process and outcome evaluation. We intend to demonstrate in our response not only our significant capabilities in successfully transforming complex health care delivery systems across broad geographic landscapes, but also our strong desire to support you in executing this important endeavor.

We understand that Illinois' aspiration is to improve health and lower costs across the state through a reengineering of the Illinois Medicaid Health Systems program – specifically to transform the system into an agile, person-centric, outcome-driven system utilized by Medicaid recipients across the state. Our work with the state of Rhode Island (SIM-Design), New York State Department of Health, Alabama Regional Care Organizations, Louisiana Public Health Institute, and other government and provider entities has prepared us for the complexity, rigor and level of collaboration needed to drive both qualitative and quantitative results and operate delivery system innovation and transformation.

We have thoroughly reviewed the Alliance for Health Innovation Plan and the requirements in the RFI. We understand the state's goals, and believe we meet and, in many ways, exceed the outlined skillsets. We hope the information provided in our response is useful for future planning and look forward to the opportunity to respond to future requests.

We greatly appreciate the opportunity to participate in this process. If you have any questions or wish to discuss this response further, please feel free to contact me, Dennis Weaver, at 703-626-7112, or Brittany Witt, Senior Manager, at 615-620-5392 or wittb@advisory.com.

Best Regards

A handwritten signature in black ink, appearing to read 'Dennis Weaver', with a stylized flourish at the end.

Dennis Weaver, M.D., MBA
Executive Vice President & Chief Medical Officer

The Advisory Board Company

30 Years of Experience Driving Innovation and Best Practice in Health Care

The Advisory Board's expertise and experience uniquely qualifies our firm to respond to the state of Illinois' RFI titled "Illinois Medicaid Health Systems Transformation & Implementation Consulting Services." Founded in 1979, The Advisory Board is a global research, consulting and technology firm that inflects quality and efficiency in the United States health care system and around the world. Leaders and policymakers in the health care community turn to us to solve their most complex challenges, relying on our insights from more than 300 experts who tackle their most pressing concerns. We offer more than three decades of experience offering scalable solutions and convening stakeholders to improve quality, performance and access in health care markets. We not only possess the expertise to design optimal systems and markets, but we offer the training and development functions needed to successfully execute those designs, putting us at the nexus of transformative change.

In addition to our expertise in developing and disseminating industry best practices, The Advisory Board also offers leading web-based information technology systems that support organizations in analyzing clinical and health care claims and data to improve quality and maximize efficiency at the individual, system and population level. Currently our technology processes data covering more than half of the inpatient admissions in the United States.

We employ more than 1,750 professionals worldwide and gather authoritative insights from the on-the-ground experience of our network of 150,000 leaders at 3,100 health care institutions in all 50 states, the District of Columbia and abroad. This includes the senior leadership of 99 of the 100 largest health care systems in the United States as well as more than 1,000 small- to medium-sized community hospitals. In Illinois, The Advisory Board works with 187 provider organizations.

The success and growth of The Advisory Board is perhaps best captured by the loyalty of our clients – a market based indicator of the value we are providing. In 2013, The Advisory Board grew its client base by 10 percent (10%) and achieved a renewal rate of 90 percent (90%).

3,100	1,900	20	5,000+
Serving a client base of 3,100+ hospitals and health care providers	Employing 1,900+ health care professionals	Delivering value to 20 of the nation's leading health plans	Maintaining trusted relationships with 5,000+ CXOs

The Advisory Board team has extensive experience working with CMS and state governments through managing two of the largest health system transformations in the country, including an ongoing multiyear partnership providing strategic leadership to New York State Department of Health as New York participates in the Medicare Advanced Primary Care Program. This program is viewed by many as a dominant precursor to the Medicare ACO Shared Savings Program. In addition, Southwind ("EPH") was selected in 2007 by the Louisiana Public Health Institute ("LPHI") to guide and support the implementation of a health care transformation project designed to increase access and stabilize primary care in the Greater New Orleans area. This initiative partnered with the Louisiana Department of Health and Hospitals and involved 340 providers across 81 clinics and health care facilities including Louisiana State University. The system wide transformation and subsequent superior outcomes earned the 2010 NCQA National Health Quality award.

Working with health care and health care-related stakeholders across the country, The Advisory Board provides expertise in building value-based care programs to prepare for shifting payment models by focusing on clinically integrated organizational structures as well as assisting organizations build and sustain the infrastructure necessary (i.e. people, process and technology requirements) to provide comprehensive care transformation. These often include patient-centered medical homes; health homes; care transitions programs (from hospital to home or post-acute care facilities); assisting organizations in evaluating and participating in Accountable Care Organizations ("ACOs"), particularly the Medicare Shared Savings Program ("MSSP"); supporting public and commercial bundled

payment programs and providing organizations with the necessary tools to successfully transition from volume-based to value-based care in an effort to improve clinical and financial outcomes.

Further, The Advisory Board uses its national and local expertise to assist health policy leaders in understanding the impact of policy changes on health care systems and markets. Our Health Policy division includes a team of experienced leaders in the health policy community with substantial careers in public service and advising policy organizations as they confront

difficult questions surrounding cost, performance and access issues at community, state and national levels. The work we do to assist our member organizations in responding to policy changes (e.g., helping them adopt new payment models) complements and informs our policy expertise, providing a unique perspective. Our objective market insights combined with an ability to convene stakeholders and understand the political dynamics of a policy conversation afford us a unique role as a trusted, non-partisan advisor to government officials and the institutions that work with them.

Detailed herein is The Advisory Board's relevant experience and our firm's capabilities relating to the specific criteria set forth and requested in the RFI issued by the state of Illinois. Additionally, for your reference, we have included a detailed description of The Advisory Board's key differentiators within the Appendix of this document, as well as a representative sample of management consulting professional biographies for resources who would potentially serve the state of Illinois during this important endeavor.



Uniquely Qualified to Serve as Your Consulting Partner

- Proven Operational Excellence with Superior Outcomes
- Ability to Meaningfully Engage Stakeholders
- Insightful Business Intelligence Analytical Tools
- Diversity of Talent and Policy Reform Expertise
- Innovative and Unique Industry Perspective

Response to RFI Questions

1. Describe your organization's expertise in implementing large health care systems delivery reform such as 1115 waiver, CMMI State Innovation Model testing projects for developing multi-payer approaches to integrated health care delivery and similar innovative and transformative state government implementation efforts.

The Advisory Board has extensive experience in planning and executing major reform initiatives in several states across the country, including New York, Rhode Island, Louisiana, Arizona and Oregon (projects described below). These initiatives, which involved **health care delivery system transformation**, have been conducted at both the government and community level and have included the following components:

- Payment reforms, e.g., bundled services, MSSP, ACO development, shared savings planning and design for doctors and hospitals;
- Financial analysis, economic impact and predictive modeling, often in partnership with Milliman, our actuarial partner (Rhode Island, New York, Alabama);
- Consulting with state government departments of health and human services and Medicaid programs, including assessing state departments on readiness to move from the current pre-reform environment to the new post-reform approach (Rhode Island, New York, Alabama);
- Work conducted in conjunction with 1115 Waiver implementations (Rhode Island, Alabama);
- Care delivery reform (Rhode Island and New York with specific emphasis on the Medicaid population).

Workforce planning is a major focus for the success of any health care transformation initiative. The Advisory Board uses its extensive experience working with doctors, hospitals and governments to:

- Assess capacity at the system or state level;

- Create governance and organizational structures that enable providers to successfully practice in the new environment;
 - Deliver education to new and current physicians and administrators to ensure clarity of roles and complete understanding of how to function and perform at a high-level under reform.
2. List the states, territories and/or tribal entities where your organization has implemented complex health care delivery reforms.

a. The Adirondack Region Medical Home Model

Developed a care delivery model that would bring hospitals, providers and payers together to improve care for the community. The five-year pilot, designed to generate health care value in a large rural region, was launched in January 2010 (previously codified by state legislature in 2009). The Pilot launch was supervised by both State Department of Health and Department of Insurance.

Engagement Contact

John Rugge, M.D.

Chief Executive Officer, Hudson Headwaters Health Network

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518-761-0300

b. State of Rhode Island Healthcare Innovation Plan

Developed a State Healthcare Innovation Plan that proposed health care delivery and payment initiatives to chart the way from a health care system based on the volume of services provided to a system based on the value of services provided, and focusing on improving the health of Rhode Islanders. The engagement also included an assessment of government agencies' readiness for implementation and legal barriers to establishing value based payment reforms in the state.

Engagement Contact

Elizabeth H. Roberts

Lieutenant Governor

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401-480-7981

c. Alabama Regional Care Organization

Developed a plan to drive down inpatient utilization of Medicaid patients by focusing on a series of interventions connecting patients with expanded access to primary care and integrated care management solutions. Specific activities included designing a model to enhance current access to care structure for the Medicaid population; identifying ways to augment care management and wraparound services for Medicaid population; designing process of communication to ensure providers targeted patients with a high likelihood for readmission or significant utilization; evaluating connectivity with primary care, disease management and care coordination; building a pro forma with sensitivities around implementation costs and benefits of new and augmented services.

Engagement Contact

Will Ferniany, M.D.

Chief Executive Officer, University of Alabama Birmingham

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205-975-5362

d. Yamhill County Care Organization

Supported the YamHill County Care Organization, one of Oregon's Community Care Organizations ("CCOs"), in its efforts to analyze Medicaid data. The organization serves YamHill county as well as parts of five surrounding counties, all of which are predominantly rural. One of the smaller CCOs in Oregon, YamHill CCO manages about 17,000 Medicaid lives. YamHill partnered with Crimson Care Registry and Crimson Population Risk Management on plans to classify their patients by disease burden and understand the risk associated with each population group.

Engagement Contact

Amy Ruhl-Coops

Associate Director, Project Manager Performance Technologies, Crimson Division

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512-681-2299

e. St. Francis Health System – Medicaid Population Management

Prepared for Medicaid population management to realize financial improvement and enhance clinical outcomes for the health system within the Medicaid and vulnerable sub-population of patients. Specific activities included designing a model to enhance current access to care structures for the Medicaid population; identified ways to augment care management and wrap-around services for Medicaid sub-population; designed a process of communication to ensure providers targeted patients with a high likelihood for readmission or significant utilization; evaluated current connectivity with primary care, disease management and care coordination; and built a pro forma financial model with sensitivities around implementation costs and benefits of new and augmented services.

Engagement Contact

Lou Bremer, Jr.

President & Chief Executive Officer

Louis.Bremer@fmoths.org

318-966-5099

f. National Population Health Symposium

Seeing the need for providers to come together to discuss critical challenges to adopting population health models of care delivery, The Advisory Board hosted a conference for 300 executives from 200 provider organizations. The Symposium leveraged The Advisory Board's expertise around care transformation, its ability to engage and convene stakeholders from across the care continuum, and its skills in facilitating meaningful shared learning experiences. One provider executive in attendance said, "The Advisory Board people made this nebulous stuff real...we can't afford to miss what you're telling us about our business."

Engagement Contact

Rob Lazerow

Practice Manager, Research & Insights

lazerowr@advisory.com

202-266-6626

Lisa Bielowicz, M.D.

Executive Director & Chief Medical Officer, Research & Insights

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202-266-6340

3. Complete the following matrix summarizing the subject of the projects that have been implemented or are in progress.

State/Territory/Tribal Program Referenced	Health Reform Implementation Focus/Components	Start Date of Implementation	Projected Completion Date	Project Website
The Adirondack Region Medical Home Pilot	<ul style="list-style-type: none">• Conducted care transformation efforts required to institute NCQA Level 3 PCMH recognition at 33 primary care sites• Provided advanced access to care• Undertook a program of care coordination focused on disease management• Developed focused protocols for post-hospitalization and post-emergency room follow-up• Developed locally owned and operated disease management companies• Composed teams of nurse care managers, patient educators, social workers, pharmacists• Implemented EMR and e-prescribing• Measured and monitored key clinical, financial performance indicators• Surveyed patients on health status and satisfaction• Augmented the current fee-for-service financial model with provider payments and incentives to improve quality,	2009	Ongoing	www.ADKmedicalhome.org

	<p>lower costs and improve the patient experience</p> <ul style="list-style-type: none"> • Provided ongoing support services and assistance related to PCMH pilot, including preparation for the governance committee meetings, negotiations around continuation of pilot, and determination of appropriate pilot pay-for-performance glide path with affiliated public and private payers • Assisted in developing a strategy for Clinical Integration and accountable payment methodologies • Facilitated and managed the Adirondack ACO's application process for participation in the MSSP; • Provided transitional operational support to Adirondack ACO LLC 			
State of Rhode Island Healthcare Innovation Plan	<ul style="list-style-type: none"> • Project and process management • Stakeholder engagement; consensus management • Management and drafting of SHIP • State readiness assessment for implementation • Policy and regulatory review; drafting of new regulation 	<ul style="list-style-type: none"> • May 1 – December 1, 2013 • May 1 – October 1, 2013 • October 1 – December 1, 2013 • November 1 – December 1, 2013 • December 1 – January 31, 2014 (in process) 	December 31, 2013	http://www.healthcare.ri.gov/healthyri/ship.php
Alabama Regional Care Organization	<p>Phase One</p> <ul style="list-style-type: none"> • Project scoping 	Phase One: September	Phase One:	http://medicaid.alabama.gov/CONTENT/2.0_newsroom/2.7.3_Regional_Care_Organizations.aspx

	<p>and presentation</p> <ul style="list-style-type: none"> • Conduct market strategic and readiness assessment • Organization capabilities and resource assessment • Ongoing project and process management • Multi-organization stakeholder engagement and relationship management • Complete and present assessment findings • Prepare and deliver roadmap for implementation • Policy and regulatory review; comment and provide input for state regulation development process <p>Phase Two</p> <ul style="list-style-type: none"> • Implement action plans delivered within roadmap • Ongoing project and process management • Lead formation of governance, management structure, operating infrastructure, financial solvency requirements • Ongoing policy review and comment for state regulation development process • Complete and submit RCO application for certification • Ongoing multi-organization client management 	<p>2013</p> <p>Phase Two: February 2014</p>	<p>December 2013</p> <p>Phase Two: December 2014</p>	
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Yamhill County Care Organization	<ul style="list-style-type: none"> Supported the organization in its analysis of Medicaid data Utilized Crimson Care Registry and Crimson Population Risk Management to classify their patients by disease burden and understand the risk associated with each population group 	December 2012	Ongoing	
St. Francis Health System – Medicaid Population Management	<ul style="list-style-type: none"> Design a model to enhance current access to care structures for the Medicaid population Identify ways to augment care management with wrap-around services for Medicaid sub-population Design a process of communication to ensure providers targeted patients with a high likelihood for re-admission or significant utilization Evaluate current connectivity with primary care, disease management, and care coordination Build a pro forma financial model with sensitivities around implementation costs and benefits of new and augmented services 	June 2012	September 2012	

Appendix

The Advisory Board Key Differentiators

Proven Operational Excellence

The Advisory Board is comprised of a diverse team of professionals with practical field operations experience. The senior team assigned to each project is seasoned with an average of 20 years of experience in major organizations across the country and have a proven track record. Backed by The Advisory Board's wealth of best-practice research, the team brings state-of-the-art thought leadership and real-world, practical approaches to operations and implementation of major complex, multiyear projects.

Stakeholder Engagement

For 30 years, The Advisory Board has been growing its unique ability to convene and engage health care stakeholders in efforts to improve quality and efficiency of care. The Advisory Board now sponsors more than 180 national meetings of health care leaders annually in 46 content areas with more than 11,000 attendees. Our experts lead more than 2,600 on-site briefings annually, and we provide more than 900 online meetings to 80,000 online users each year. The Advisory Board hosts a number of stakeholder engagement meetings in Chicago each year.

A few examples of The Advisory Board's ability to convene and engage stakeholders are described below.

National Population Health Symposium

In 2013, in order to give providers opportunity to discuss critical challenges to adopting population health models of care delivery, The Advisory Board hosted the National Population Health Symposium, a conference for 300 executives from 200 provider organizations. The Symposium leveraged The Advisory Board's expertise around care transformation, its ability to engage and convene stakeholders from across the care continuum, and its skills in facilitating meaningful shared learning experiences. One provider executive in attendance said, "The Advisory Board people made this nebulous stuff real...we can't afford to miss what you're telling us about our business." Sessions during the day included a keynote address by Jonathan Blum, Deputy CMS Administrator; a panel discussion of Medicare ACO programs; a panel discussion of state and regional efforts to facilitate population health; a panel discussion of innovation in the private sector; and a panel discussion of using data and analytics for population health.

Crimson Summit

Each year, The Advisory Board hosts the Crimson Performance Summit—a three-day gathering of providers who use Advisory Board's Crimson platform—to celebrate achievements, share best practices, and highlight successful member case studies. Over 500 health system executives participate in the Summit, including many CEOs, CMOs, and CIOs at organizations that have made the greatest strides in moving toward value-based care. The 2013 Summit showcased results from more than 45 partner organizations and featured more than 15 member presentations and breakout sessions.

Southwind Institute

The Southwind Institute coalesces a group of multispecialty experts and prominent organizations to lead health system executive leadership through the transition from old world to new conversations. The Southwind Institute is designed with three purposes, including bringing together the industry's greatest minds to discuss the most pressing issues impacting the hospital-physician-payer relationship; outlining the tactical approaches that can be taken to address the issues and initiate positive change; and providing a venue for peer networking and access to experts in a casual and intimate setting.

Convening in Rhode Island

To develop the state's health care agenda for transformation, The Advisory Board initially conducted more than 60 interviews with key stakeholders both in and outside of state government to gain an understanding of not just health system gaps and challenges, but successes and progress in the current system that could be leveraged. The convening of workgroups followed. More than 600 industry and community professionals and individuals were invited to weigh in; and subsequently, key stakeholders were organized around work streams focused on areas that were derived from the initial round of interviews and input from the larger group. Rhode Island was determined in its desire for transparency and engagement and put the SHIP document out for public comment for three weeks prior to finalizing it. The Advisory Board culled the responses and ensured the final document represented the clear goals set by the state, yet allowed the voice of the community to be heard.

Care Innovation Summit

In February 2014, The Advisory Board, in partnership with The Aspen Institute, will host the Care Innovation Summit 2014 in Washington, D.C. The event will bring together leading innovators from the public and private sectors to discuss the future of health care delivery and payment transformation. The day-long program will feature keynote speeches, expert panels and opportunities to network. More than 900 health care stakeholders have registered to attend the Summit and many more will participate through a webcast. Speakers at the Summit will include health policy leaders (e.g., Dr. Patrick Conway from CMMI and Senator Tom Daschle from the Bipartisan Policy Center); state officials (e.g., Dr. Bruce Goldberg from Oregon and Dr. Craig Jones from Vermont); and health care providers at the front lines of transformation (e.g., Susan Thompson from UnityPoint Health – Fort Dodge and Dr. Jordan Asher from MissionPoint Health Partners).

Business Intelligence Analytical Tools

The Advisory Board's Crimson platform gives providers the analytic tools necessary to improve quality of care. More than 1,200 hospitals across the country use the Crimson platform; more than 150 population health managers rely on Crimson to manage their at-risk lives; more than 500,000 physicians are profiled on cost and quality performance; and more than 30 percent (30%) of all U.S. admissions flow through our technology. Crimson currently supports 18 Medicare ACOs, supports 36 live clinically integrated networks including 12 of the 18 largest networks in the country, and is partnering with dozens more early-stage clinical integration programs.

Our Crimson team receives and analyzes 11.9 million claim lines annually covering 246,000 Medicaid beneficiaries in six states. When we receive the claims and enrollment data, we clean and standardize the data, then send it to our partners at Milliman for benchmarking and patient risk stratification before loading the data into our user-friendly interface. The data and tools enable health care providers to improve quality of care for Medicaid beneficiaries. One state sends us data for their entire Medicaid population, and we then run an attribution algorithm to identify patients attributed to our provider partners.

The Advisory Board is supporting the YamHill County Care Organization, one of Oregon's CCOs, in its efforts to analyze Medicaid data. The YamHill serves YamHill county as well as parts of five surrounding counties, all of which are predominantly rural. One of the smaller CCOs in Oregon, YamHill CCO manages about 17,000 Medicaid lives. YamHill is partnering with Crimson Care Registry and Crimson Population Risk Management on plans to classify their patients by disease burden and understand the risk associated with each population group.

Through The Advisory Board's alliance with Milliman MedInsight, the leading health care actuarial firm in the country, we offer access to the leading suite of actuarial algorithms, predictive analytics, and engineered benchmarks built on 45 million covered lives and in-use at 110+ payers across the country. Milliman's intellectual property is fully integrated into Crimson's population health management technology.

Diversity of Talent and Policy Reform Expertise

While The Advisory Board is based in Washington, D.C., it has two offices (Vernon Hills and Evanston) and 115 employees in Illinois. Most of the employees at these two sites are part of The Advisory Board's Performance Technologies division, generating high-tech jobs for the state of Illinois.

With a network of 150,000 leaders at 3,100 health care institutions, including institutions in all 50 states, The Advisory Board has its pulse on the health care landscape in most major local markets. Our understanding of Illinois health care market is no different, as we provide services to 187 health care member organizations in the state. We work with a diverse set of organizations, including large health systems and small community hospitals as well as independent physician groups and post-acute providers. Many of the most innovative health care providers in Illinois rely on our services, including several accountable care organizations and several organizations participating in bundled payment arrangements.

Health care organizations in Illinois engage The Advisory Board across the full range of the company's services. For example, Christie Clinic in Champagne has worked with Advisory Board experts in building out a managed care diabetes treatment program. The Advisory Board also has worked with OSF HealthCare in Peoria, helping executives educate their employed and independent medical staffs on health care reform and value-based care over the last three years. St. Mary's Hospital in Decatur has achieved a 61% reduction in sepsis mortality rates in-part through use of the Crimson platform. Advocate Health Care in Oakbrook has also been relying on Crimson in building its ACO, using the Crimson Continuum of Care tool to identify opportunities to improve the quality of care provided to patients.

Advocate Health Care in Oakbrook has also been relying on Crimson, using the Crimson Continuum of Care tool to identify opportunities to improve the quality of care provided to patients.

Furthermore, The Advisory Board uses its national and local expertise to assist health policy leaders in understanding the impact of policy changes on health care systems and markets. Our Health Policy division includes a team of experienced leaders in the health policy community with substantial careers in public service and advising policy organizations as they confront difficult questions surrounding cost, performance and access issues at community, state and national levels. The work we do to assist our member organizations in responding to policy changes (e.g., helping them adopt new payment models) complements and informs our policy expertise, providing a unique perspective. Our objective market insights combined with an ability to convene stakeholders and understand the political dynamics of a policy conversation afford us a unique role as a trusted, non-partisan advisor to government officials and the institutions that work with them.

Innovative and Unique Industry Perspective

The Advisory Board brings a unique industry perspective that would allow us to both propose innovative reform options and assess the impact of reforms under consideration. We regularly help health care organizations adapt their business models to support efforts to improve population health while maintaining financial sustainability in the face of payment pressures. We have worked with organizations to build innovative models in partnership with Medicare, Medicaid and private payers. These experiences give us unique insights about how to transform Medicaid through seeing how providers manage care and react to payment changes in Medicaid as well as with other payers. In addition, in helping the state design a new Medicaid model, our relationships and experience would help us predict the impact of proposed reforms on both providers and private payers. Ultimately this would help the state develop a reform plan that optimizes the likelihood of improved quality, access and population health in a financially sustainable way.

Representative Sample of Management Consulting Biographies



Dennis Weaver, M.D., MBA

Executive Vice President & Chief Medical Officer

25+ Years of Experience

Nashville, TN

Dennis Weaver, M.D. is the Chief Medical Officer and Executive Vice President of Southwind. Dr. Weaver leads the Value-Based Care team and is an Executive Vice President with The Advisory Board Solutions Practice. His focus is public policy, strategy, development and operations of value-based care in accountable payment environments.

Dr. Weaver works with hospitals, health systems, payers and employers to improve the quality and cost effectiveness of health care. In this role, he has worked across stakeholders redesigning care delivery, developing novel care management systems focused on improving population health, strengthening primary care, enabling regional IT connectivity and ensuring financial sustainability. He has designed a broad range of strategies to create and promote use of best practice clinical guidelines and to reduce inappropriate variation in health care delivery. His specific areas of expertise include development of the patient-centered medical home, Accountable Care Organizations and other programs designed to position health systems for population health management and accountable payment.

In his work at Southwind, Dr. Weaver currently leads one of the nation's largest pre-accountable care pilot projects, the Adirondack Medical Home Pilot, funded through enhanced reimbursement from Medicare, New York Medicaid and private insurers. In developing this pilot, Dr. Weaver led a grassroots effort by Adirondack region doctors, hospitals and payers to improve care delivery and to ensure stability of the primary care practices throughout the region. Through development of a regional health care information exchange and broad-based implementation of the patient centered medical home, this five-year program aims to enable the region's health care providers to deliver the best care possible: high-quality primary and preventative care focused on patient needs while reducing inappropriate utilization and controlling costs.

Dr. Weaver has more than 25 years of senior health care executive experience and has held numerous senior leadership positions within multihospital systems, managed care organizations and health plans. He is a nationally recognized expert and noted speaker on the design and implementation of the medical home and Accountable Care Organizations.

Prior to joining Southwind, Dr. Weaver was the CEO and Founder of EastPoint Health LLC, an organization specializing in health care strategy with a particular interest in enhanced primary care, care management and information technology solutions. Previously, Dr. Weaver was the Chief Medical Officer for Bearing Point.

Dr. Weaver is a Distinguished Graduate from the United States Air Force Academy. He received his Doctor of Medicine from the University of Iowa, College of Medicine and completed his residency in obstetrics and gynecology at Wilford Hall Medical Center. He also trained in Flight Surgery at the School of Aerospace Medicine. Dr. Weaver earned his Master in Business Administration degree at the Olin School of Business, Washington University in St. Louis, Mo. He is a Certified Physician Executive, Diplomat of the American Board of Medical Management, Diplomat of the American Board of Obstetrics and Gynecology, a Member of the American College of Physician Executives, and a Fellow of the American College of Obstetricians and Gynecologists. Dr. Weaver has received numerous awards and honors for his work in clinical medicine, medical management and technology integration.



Cathrin Stickney, MHA

Vice President

25+ Years of Experience

Washington, DC

With more than 25 years of senior health care executive experience, Cathrin Stickney is a Southwind Vice President focusing on Value-Based Care programs. Cathrin serves Southwind clients by providing short- and long-term executive project management as well as strategic and operational services. Through her role, Cathrin is responsible for leading the State of Rhode Island's SIM-Design project culminating in the Rhode Island State Health Innovation Plan (SHIP).

Prior to joining Southwind, Cathrin served in multiple executive leadership roles at CIGNA Healthcare. As Vice President of Client Service Operations, Cathrin was responsible for end to end client service for CIGNA's book of business, with operations including six service sites located in different regions, implementation and case installation teams, and employer service teams. She served as a Health Care Reform expert, positioned as a key strategic contributor on the company's Health Care Reform executive committee to determine impact and opportunity and to operationalize this opportunity. In this role, Cathrin's scope included enterprise-wide client installation and service for medical, dental and pharmacy services for more than 11 million members, 22,000 national and international FTEs, and a \$130 million budget. Other executive leadership roles Cathrin held at CIGNA included Vice President of Regional Client Service Officer, Vice President of Sales Effectiveness, Vice President of Consumer Acquisition Strategy, and Vice President of Strategy Execution, Consumerism.

Prior to her time at CIGNA, Cathrin held positions on the provider side at both Kaiser Permanente and Sutter Health. Cathrin served as the Vice President of Quality & Medical Management for the Mid-Atlantic region of Kaiser Foundation Health Plan and was the National Director of National Health Services Contracting for Kaiser Foundation Health Plan/Hospitals and The Permanente Federation in Oakland, Calif. During her eight year career at Sutter Health, Cathrin held various positions including Executive Director, Community Health Services; CEO, Sutter Ambulatory Care Corporation; Senior Director, Administration (Assistant Administrator); Senior Director, Strategic Planning & Marketing; and Director of Marketing.

Cathrin earned her Master of Health Administration from the University of Southern California in Los Angeles, Calif., and her Bachelor of Science in health administration from St. Mary's College in Moraga, Calif., and she has attended multiple advanced leadership and negotiation programs to supplement her education.



Chas Roades

***Chief Research Officer
Washington, D.C.***

Chas Roades is Chief Research Officer of The Advisory Board Company. In this capacity, he studies the market forces and trends driving the evolution of the American health care industry, and directs research into ongoing changes in the organization and management of American medicine. Principal author of over 40 landmark strategy publications for hospitals and health systems, Mr. Roades is a nationally-recognized authority on the future of health care, hospital-physician alignment, emerging reimbursement and incentive models, and the intersection of national health policy and delivery system strategy.

Mr. Roades has presented at more than 100 national conferences and serves as strategic advisor to several major health systems. At over 200 national and regional meetings for Advisory Board members, Mr. Roades has addressed thousands of hospital CEOs, executive team members and board members. He is a frequently-cited expert in leading national media outlets, including *The Wall Street Journal*, *The New York Times*, National Public Radio, and *The Washington Post*.

At the firm for more than a dozen years, Mr. Roades leads a research staff of over 150 and is a member of the Advisory Board's senior leadership team. Before joining the firm, he was an engagement manager at McKinsey & Company, a management consultancy. In this role, he was responsible for leading engagements on strategy, organization, and operations for Fortune 500 clients. Previously, Mr. Roades served for five years as an officer in the United States Air Force. He is also active on hospital, nonprofit, and governmental advisory boards, and serves as an adjunct faculty member in health care administration at Brown University.

Mr. Roades earned his MBA from Stanford University. He also holds a master's degree from Stanford, and a bachelor's degree in economics from the University of Virginia. Mr. Roades resides in the Virginia suburbs of Washington, D.C., with his wife and their four children.



Lisa Bielowicz, M.D.

***Executive Director & Chief Medical Officer
Washington, D.C.***

Lisa Bielowicz, M.D. is Executive Director and Chief Medical Officer of The Advisory Board Company. Dr. Bielowicz leads physician strategy research across the firm, assisting health systems and physician groups on a wide range of issues including hospital-physician alignment, physician employment strategy, care transformation, clinical integration and enterprise growth strategy. Her current work centers on progressive hospital-physician alignment partnerships, with a focus on payment reform and accountable care strategies. She has also led the company's work in primary care strategy, with a focus on medical home development and implementation.

An author of more than 20 publications on hospital-physician strategy, care transformation, health system growth strategy and clinical innovation, Dr. Bielowicz is a nationally recognized speaker and industry expert on these issues. She has presented at national conferences and serves as a strategic advisor to executives from the nation's largest health systems and medical groups.

Dr. Bielowicz received her Doctor of Medicine from Baylor University, College of Medicine in Waco, Texas, and her Bachelor of Arts in biology and sociology from Rice University in Houston, Texas.



Mike Wagner, M.P.A.

***Executive Director
Washington, D.C.***

Mike Wagner is Executive Director of The Advisory Board Company. Mr. Wagner has served as General Manager of Advisory Board's Talent Development division since 2010, where he had oversight of the curriculum development process since the division's inception in 2001. In this role, Mr. Wagner is responsible for ensuring the highest quality standard of teaching, consulting, and service across all Talent Development offerings. He led the instructional design process as well as the actual writing and delivery of the Talent Development curriculum, which touches on a wide variety of management issues such as finance, economics, care redesign and using data for quality improvement.

As a Faculty member in Talent Development, Mike conducts workshops at leading hospitals and health systems in the United States, Canada, Australia, Asia, the United Kingdom and Europe. He provides guidance to executive teams on curriculum planning, accountability for learning application and leadership culture to help them expand leadership capacity and elevate performance. He is the Advisory Board's primary speaker and presenter of leadership topics.

In addition to his work at the Advisory Board, Mr. Wagner also served as a Representative in the South Dakota House of Representatives from 1989 until 1997, where he was Vice Chair of Health and Human Services Committee and Assistant Majority Leader.

Mr. Wagner earned a Master of Public Administration from Harvard University, Kennedy School of Government in Cambridge, Mass.



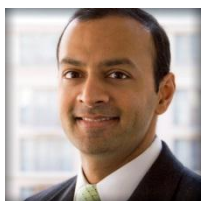
Paul Matsui

***Executive Director
Washington, D.C.***

Paul Matsui serves as Executive Director within The Advisory Board Company's Research & Insights division. He currently oversees the firm's Data and Analytics group, managing the development, construction and support of a wide array of quantitative research tools available to Advisory Board members. Prior to his current appointment, Mr. Matsui returned to the firm in 2004 to assist with the launch and oversight of Technology Insights, the Advisory Board's clinical technology assessment service. His research focuses on technology innovation, reimbursement issues and strategic planning, with an emphasis on cardiovascular technologies.

Previously, Mr. Matsui spent six years as an equity analyst covering the medical device and biotechnology sectors for Smith Barney/Citigroup, Goldman Sachs and Piper Jaffray. During his first time at the Advisory Board, Mr. Matsui spent three years in various positions within the firm's Cardiovascular Roundtable research division, including Senior Cardiac Market Analyst. Mr. Matsui began his career as a bench scientist, working in labs at the Whitehead Institute for Biomedical Research at MIT and Harvard Medical School.

Mr. Matsui earned his Bachelor of Arts in biochemistry and molecular biology from Harvard University in Cambridge, Mass.



Hiten Patel, Ph.D.

***Managing Director
Washington, D.C.***

Hiten Patel, Ph.D. serves as Managing Director within The Advisory Board Company's Data and Analytics Group. Dr. Patel leverages his consulting experiences and scientific training in the development and construction of quantitative research tools and analytics, which focus primarily on technology adoption and developing markets.

Prior to serving the Advisory Board, Dr. Patel assisted clients in a variety of industries surrounding corporate strategy for Dean and Company. Additionally, Dr. Patel assisted institutional investors and consulting clients in the pharmaceutical and medical device industries while managing market research studies for MEDACorp, a boutique health care consulting firm in Boston.

Dr. Patel earned his Doctor of Philosophy in biochemistry from Harvard University in Cambridge, Mass., and his Bachelor of Science in biochemistry and microbiology from University of Illinois at Urbana-Champaign in Champaign, Ill.

Piper Su, JD

Vice President, Health Policy Washington, D.C.

Piper Su joined The Advisory Board Company in 2013 bringing years of experience as a health policy expert and attorney. Prior to joining, she practiced as a senior attorney at the world's largest law firm, focusing on health care policy and regulatory strategies. She also served in the US Congress, advising members on issues related to state and federal health care programs.

Piper served in the US Senate as Legislative Counsel to Senator Ken Salazar, where she was the principal advisor for his health care-related activities on the Senate Finance Committee. In this role, she crafted numerous policy proposals that were subsequently enacted into law – such as the Medicare Improvements for Patients and Providers Act of 2008 and the Medicare, Medicaid and SCHIP Extension Act of 2007. Her first experience on Capitol Hill was in law school when she served as a law clerk for Ranking Member Henry Waxman on the House Government Reform Committee.

Piper also worked as a senior attorney at two law firms specializing in health care law and policy, assisting health care companies and providers with formal legal advice as well as legislative and regulatory strategies for the U.S. Congress, the Department of Health and Human Services and the Centers for Medicare and Medicaid Services. Recently, much of Pipers' practice focused on implementation of the Affordable Care Act as well as issues related to the Medicare and Medicaid reimbursement, coding and coverage, and delivery system transformation.

Piper received a Juris Doctor degree, cum laude, from American University and a Bachelor of Arts degree in political science from the University of North Carolina at Asheville.